



Third Party Payer Precertification Form

VA is required by law to bill Third Party Payers (TPP) for care that is not for a Veteran's Service-Connected/Special Authority (SC/SA) eligibility. This requires TPP precertification by the VA. **Please attach any supporting clinical documentation.**

VA Medical Center (VAMC) Information

Name of VAMC that referred Veteran: _____

Veteran Information

Veteran name: _____

Last four of SSN: _____ Date of birth: _____

Veteran's address (Street, City, State, Zip Code):

Insurance presented by Veteran at time of appointment: _____

Subscriber ID presented by Veteran at time of appointment: _____

Standardized Episodes of Care (SEOC) Information

SEOC authorization: _____

Service planned (include CPT code): _____

Place of service: _____

Date of service planned: _____

Provider Information

Provider name: _____ Phone number: _____

Provider address (Street, City, State, Zip Code):
